## IdentoGO New Jersey Universal Fingerprint Form www.bioapplicant.com/ni

(1) Originating Agency Number (ORI #) NJ 0030700			(2) Category LOX			(3) Statute Number 13:59-1					
(4) Reason for Fingerprinting LOCAL ORDINANCE						(5) Document Type S1			(6) Payment Information \$42.80		
(7) Contributor's Case # (Unique Identifier)					(8) Miscellaneous						
(9) First Name		(10) MI (11			) Last Name						
(12) Daytime Phone Number		(13) Social Security Number (C		lonal)	(14) D	14) Date of Birth		(15) Height		(16) Welght	
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US		S Citizen; Co	n; Country for all others)			(19) Country of Citizenship		of Citizenship	
(20) Home Address			•							,	
Address			City			State Zip					
(21) Gender (Select one) [ ] Female [ ] Male [ ] Both	(22) Ha	ir Color	(23) Eye Co	olor	1 ( A 1   1   1   1   1   1   1   1   1   1	(24) Race (Select One)     [A] Asian/ Pacific Islander (Includes Asian Indian)     [B] Black     [I] American Indian / Alaska Native     [W] White (Includes Hispanic/ Spanish Origin)     [U] Unknown					
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) Employer Address										
	City	0.7440.000			,	State Zip					
Identification Requirement - Acceptate that is current (not expired). A combination Address (home/issuing agency), Date of it Examples of acceptable ID are: 1) Valid Utility (issued after 5/10/2010), and 4) USCIS En Please READ This Form Carefully:	on of doc Birth. Ac J.S. State mployme	uments will not be ac ceptable ID must be Photo Driver's Licer nt Authorization Card	cepted. The issued by a ise/ Non Dri I (issued afte	e single doc Federal, Sta ver's Licens er 10/31/20	ument nate, Cou e, 2) U.S 11).	nust include th nty or Municip S. Passport, 3)	e folic al eni USC	owing crit ity for ide IS Perm	erla: entific anen	Photo, Name, cation purposes, it Resident ID Card	
Follow all of the Instructions provided by yo prior to scheduling your fingerprint appointr Universal Fingerprint Form, IDG_NJAPP_0	nent via i	he website or call ce	nter. <u>PLEAS</u>	<u>E PRINT L</u>	ss, You EGIBLY	must have this '. It is <u>required</u>	s form <u>d</u> that	{Blocks you <u>pres</u>	1 thr sent	ough 26) completed this completed	
Appointment Scheduling: Scheduling is available anytime at www.b speaking agents are available at 1-877-50	ioapplic 3-5981,	cant.com/nj. Appo Monday through Frid	Intments ma day, 8:00AM	y also be so to 5:00PM	cheduled EST an	l through our ( d Saturday, 8:	Call C 00AM	enter, Ei to 12 No	nglisi oon E	h and Spanish ST.	
<u>Payment:</u> When an applicant is responsible for paymon American Express, Discover and prepaid d	ent, payn ebit card	nent is required at the s, or electronic debit	time of sch (ACH) from:	eduling. The	e followl account	ng forms of pa Accounts will	ymen be de	it are acc	epte medi	d: Visa, MasterCard, ately.	
Cancel/ Reschedule: Appointments may be canceled or reschedi appointment (Saturday Noon for Monday ap cancel/reschedule their appointment prior to original payment method.	pointme	nts). An appointmen	it fee of \$12.	00 plus tax	(\$12.80)	will be incurre	ed by	applican	is wi	no do not	
Unable to be Fingerprinted: An applicant is considered "Unable to be Fildentification, inability to present this complete formation provided during the scheduling Security will refund the remainder of the fee	ated Univ process.	ersal Fingerprint For Applicants unable to	m IDG_NJA be fingerpri	PP_051719 nted will inc	_V1, or ur a \$12	the information :.00 plus tax (\$	n on t	his form	does	not exactly match the	
PCN and Receipts: Upon the completion of fingerprinting you w will not provide <i>duplicate receipts, PCN Nur</i>							on you	ır recelpt	. Ide	mia Identity & Securit	
Applicant ID Number:	Paymer Authoriz			PCN					-		
Scheduled Day & Date;	Schedu Time:	led		Sche Site:	duled						
Agency Information: CHESTERFIELD TWP PD										,	

You MUST retain a copy of this form and the receipt of printing for your personal records.